

MDR Tracking Number: M5-04-2609-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on February 6, 2004.

In accordance with Rule 133.307 (d), requests for medical dispute resolution are considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute. The Commission received the medical dispute resolution request on 02-06-04, therefore the following date(s) of service are not timely: 02-03-03 and 02-05-03.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the Level III established patient office visits, electrical stimulation unattended, ultrasound, therapeutic exercises, and treating doctor exam from 02-10-03 through 06-30-03 were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the treatment listed above were not found to be medically necessary, reimbursement for dates of service from 02-10-03 to 06-30-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 24th day of August 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

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NOTICE OF INDEPENDENT REVIEW DECISION

July 14, 2004

Re: IRO Case # M5-04-2609

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic, who is licensed by the State of Texas, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed service 12/30/02 – 10/13/03
2. Explanation of benefits
3. Letter from carrier's attorney
4. Peer review 5/20/03
5. Initial consultation report 1/29/03
6. Functional abilities evaluation 2/6/03
7. D.C. daily progress notes
8. MMI/IR report 5/7/03
9. Treatment notes
10. HICF documentation from D.C.
11. Request for reconsideration 11/18/03

History

The patient injured her low back and left wrist in _____. She was treated at a medical facility

beginning on 12/30/02. She underwent physical therapy and was placed at MMI on 1/15/03. On 1/28/03 she sought chiropractic treatment. X-rays and a nerve conduction study were performed. The patient has been treated with physical therapy and chiropractic treatment.

Requested Service(s)

Level III established patient office visits, electrical stimulation unattended, ultrasound, therapeutic exercises, treating doctor exam 2/10/03 – 6/30/03

Decision

I agree with the carrier's decision to deny the requested services.

Rationale

The patient had an adequate and apparently successful trial of physical therapy prior to the treatment in dispute. Documentation from the initial treatment facility shows that the patient's symptoms had resolved prior to the initiation of treatment from the D.C. The patient had been placed at MMI on 1/15/03 with a 0%IR. The patient was then released from treatment and returned to full duty work.

The documentation from the D.C. failed to show objective, quantifiable findings to support his treatment. The initial D.C. consultation findings failed to show that treatment was necessary for what appears from the documentation provided to be a very mild strain of the left wrist that had already resolved. The treatment disputed treatment was not medically necessary.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.
